



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+PAD981946296

INSTALLATION ADDRESS

MAZZERLE, LIZA OR CAVE, DAVE

PENNEY, J C COMPANY INC
160 NORTH GULPH ROAD
KING OF PRUSSIA PA 19406

160 NORTH GULPH ROAD
KING OF PRUSSIA PA 19406

RECEIVED
PA SECTION

JUN 8 1987



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III

841 Chestnut Building
Philadelphia, Pennsylvania 19107

RECEIVED
PA SECTION

JUN 4 1987

EPA, R3

Re: Notification of Hazardous Waste Activity

Dear Hazardous Waste Handler:

The U.S. Environmental Protection Agency (EPA) has received your Notification Form, which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, as amended.

We have reviewed the form and are returning it to you for clarification or missing information as indicated below:

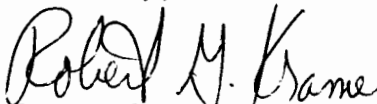
- ☐ Location address inappropriate; complete street address is required.
- ☒ Required items which are missing are encircled in red.
- ☐ Signature/date missing.
- ☐ The form was illegible. A new form is enclosed.

Please return the completed form together with this letter to the address indicated in the letterhead no later than 26 June 87.

EPA will consider you as having not notified and in violation of Section 3010 of the Act if you do not complete and return this form by the date indicated.

If you have any questions pertaining to the Notification Form call 215-597-2780.

Sincerely,


Robert G. Kramer, Chief
RCRA Support Section
Waste Management Branch

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ADVERTISING DEPT. #3115-3
160 NORTH GULPH RD.
KING OF PRUSSIA, PA. 19406

United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible][illegible][illegible]

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[illegible][illegible][illegible][illegible]

<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. RECEIVED PA SECTION <input checked="" type="checkbox"/> 3. Treater/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burner Hazardous Waste Fuel (enter "X" and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo. 506 only per 12 6/2/87 RECEIVED PA SECTION JUN 4 1987	<input type="checkbox"/> 6. Off-Specification Used Oil/Fuel (enter "X" and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	RECEIVED PA SECTION MAY 21 1987 EPA R3
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VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)

☐ C. Industrial Furnace☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

C. Installation's EPA ID Number

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

For Official Use Only	
C	T/A
W	C
98-194-6296	
1	

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

D004 D007 D010

D005 ☒ 4. Toxic D009 D011

D006 (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

John E. Cooper

5/20/87

EPA Form 8700-12 (Rev. 11-85) Reverse

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PA SECTION

MAY 21 1987

EPA, R3

377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (516) 422-5777

Jan. 24, 1985

Allied Linotype Co.
425 Oser Ave.
Hauppauge, NY 11788

Attn: Mr. Terry Fleet

SOURCE OF SAMPLE: Hauppauge Bldg.

COLLECTED: 12/14/84 BY: Client

RECEIVED: 12/26/84

SAMPLE #1: Photowaste, Table Top Processor
SAMPLE #2: P-14 Rinse Water
SAMPLE #3: Fixer
SAMPLE #4: Developer

LAB#C842553/1 * COMBINED RW, Fix, Dev
LAB#C842553/2
LAB#C842553/3
LAB#C842553/4

<u>ANALYTICAL PARAMETERS</u>	#1	#2	#3	#4
pH, Units	7.0	5.4	5.0	11.2
Total Dissolved Solids, mg/L	100,000	4,000	180,000	97,000
Specific Gravity	1.07	1.00	1.11	1.07
Flash Point °C	>100	>100	>100	>100
Cadmium as Cd, mg/L	0.022	<0.001	0.020	1.1
Chromium as Cr, mg/L	0.08	<0.05	0.10	0.10
Chromium Hexavalent as Cr, mg/L	<0.08	<0.08	<0.04	<0.2
Copper as Cu, mg/L	0.38	0.95	0.20	0.20
Iron as Fe, mg/L	1.5	0.30	1.3	3.0
Nickel as Ni, mg/L	0.38	<0.25	0.50	<0.50
Lead as Pb, mg/L	0.75	0.50	0.35	1.1
Mercury as Hg, mg/L	<0.0025	<0.0025	<0.0025	<0.0025
Selenium as Se, mg/L	0.063	0.037	0.087	<0.025
Arsenic as As, mg/L	0.031	<0.025	0.16	<0.025
Barium as Ba, mg/L	<0.25	<0.25	<0.25	<0.25
Cyanide as CN, mg/L	<0.02	<0.02	<0.02	<0.02
Sulfide as S, mg/L	23	<2.0	40	4.0
Zinc as Zn, mg/L	0.40	0.68	0.30	0.90
Silver as Ag, mg/L	1500	85	2300	3.8

DIRECTOR



FIXER
THIOCYANATE 10-20%
THIOSULFATE 10-20%
ALKALI SULFITE 5-10%
ACETIC ACID 1-5%
WATER 60-70%

DEVELOPER
SODIUM SULFATE 5-20%
HYDROQUINONE 5%
WATER 80-95%

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JAN 28 1985

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